



IF YOU HAVE ANY QUESTIONS PLEASE CALL:
PMA CALL CENTER
(888) 476-2669

EDWARD MENKE
9920 LORRY PLACE
PHILADELPHIA PA 19114

ADVICE NO.: 803645389B
ADVICE DATE: 10/24/23
ADVICE AMT: \$2,239.54
PAY PERIOD: 10/12/23-10/25/23
PD TO DATE: \$33,593.10
RATE.....: \$1,119.77
VOUCHER NO: C108549674
BILL NO....:

ACCIDENT DT: 03/29/23
PAYMNT TYPE: WORKERS' COMPENSATION
INSURED.....: DOUBLE H PLASTICS, INC.
CLAIM NO....: 0914
POLICY NO...: 194
INVOICE NO.:
INVOICE DT.:
INVOICE AMT:
IRS NUMBER.:
PATIENT ID.:
INJURED.....: EDWARD MENKE

Page 1 of 1

FROM	THRU	BILLING CODE	DESCRIPTION	QTY	BILLED AMT	PAYMENT AMT	REASON
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EXPLANATION OF BENEFITS

Payment Type : TEMPORARY TOTAL DISABILITY

ONGOING PAYMENT2239.54

NET AMOUNT2239.54

Memo: CLAIM 0914

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

PMA MANAGEMENT CORP.
ON BEHALF OF
DOUBLE H PLASTICS, INC.

ADVICE NUMBER	DATE	ADVICE
803645389B	10/24/23	*****2,239.54

WELLS FARGO BANK N.A.

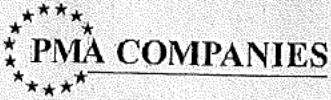
ADVICE Two Thousand Two Hundred And Thirty Nine And 54/100 US Dollars

TO
THE
ORDER
OF
EDWARD MENKE
9920 LORRY PLACE
PHILADELPHIA PA 19114

THIS IS NOT A CHECK

NON-NEGOTIABLE

****VOID**NON-NEGOTIABLE**VOID****



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EDWARD MENKE
9920 LORRY PLACE
PHILADELPHIA PA 19114

ADVICE NO.: 803653942B
ADVICE DATE: 11/06/23
ADVICE AMT: \$2,239.54
PAY PERIOD: 10/26/23-11/08/23
PD TO DATE: \$35,832.64
RATE.....: \$1,119.77
VOUCHER NO: C108549675
BILL NO....:

ACCIDENT DT: 03/29/23
PAYMNT TYPE: WORKERS' COMPENSATION
INSURED....: DOUBLE H PLASTICS, INC.
CLAIM NO...: 914
POLICY NO...: B194
INVOICE NO.:
INVOICE DT.:
INVOICE AMT:
IRS NUMBER.:
PATIENT ID.:
INJURED....: EDWARD MENKE

Page 1 of 1

FROM - THRU	BILLING CODE	DESCRIPTION	QTY	BILLED AMT	PAYMENT AMT	REASON
EXPLANATION OF BENEFITS						
Payment Type : TEMPORARY TOTAL DISABILITY						
ONGOING PAYMENT				2239.54		
NET AMOUNT				2239.54		
Memo: CLAIM 914						

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

PMA MANAGEMENT CORP.
ON BEHALF OF
DOUBLE H PLASTICS, INC.

ADVICE NUMBER	DATE	ADVICE
803653942B	11/06/23	*****2,239.54

WELLS FARGO BANK N.A.

ADVICE Two Thousand Two Hundred And Thirty Nine And 54/100 US Dollars

TO EDWARD MENKE
THE 9920 LORRY PLACE
ORDER PHILADELPHIA PA 19114
F

THIS IS NOT A CHECK

NON-NEGOTIABLE

VOIDNON-NEGOTIABLE**VOID**